

☐ UNCLASSIFIED☐ INTERNAL
USE ONLY☐ CONFIDENTIAL☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

Chief, Insurance Branch
926 Ames

EXTENSION

NO.

DATE

12 December 1977

TO: (Officer designation, room number, and
building)

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALSCOMMENTS (Number each comment to show from whom
to whom. Draw a line across column after each comment.)

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C/CCS/CSB
G-H-55 HQS.

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I have reviewed your CGI hospitalization brochure and made some additional changes which I feel are necessary to more clearly present the provisions of the plan and which should help to preclude future problems with claims settlement. I have retyped the brochure and hope these changes will be acceptable to you.

I would appreciate receipt of copies of the final product. Please call me if you have questions. Thanks.

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C O V E R A G E

Dear Policyholder:

Your insurance policy provides the following benefits under two plans: Basic Coverage and Major Medical

1. Basic Coverage

A. This provides for the full payment for a semi-private room, intensive care unit, and hospital extras for a period up to 365 days and \$25 for private ambulance service. Additional benefits will be paid under the Major Medical provision set forth below.

B. Basic Benefits of up to \$10 per visit will be payable for each doctor's visit to hospital inpatients for up to 365 days for each confinement--when the visit is unrelated to surgery.

C. Up to \$400 of outpatient services per year at an accredited hospital only, including up to \$25 for ambulance service. When a surgical operation is performed (not requiring admission as an inpatient) 100% of hospital outpatient charges are payable. Doctors' charges and charges for take home drugs are covered under Major Medical benefits.

D. Provided also under your basic plan are the following expenses for surgery:

1. Full payment of regular and customary charges by a surgeon and assistant surgeon, including cosmetic surgery if required as a result of accidental injury occurring while

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covered by this plan, operations performed on the jaw or mouth (excluding dental work except for removal of impacted teeth), and charges incurred by the recipient or donor for a surgical transplant.

2. The basic entitlement also provides payment of a podiatrist under the following conditions:

a. Repair of lacerations and wounds produced by thermal or chemicals agents.

b. For the reduction of fractures or complete dislocation.

c. Surgery which requires an incision through the skin.

3. Anesthesiologists' fees are paid up to \$50 or 30% of the amount payable for the surgical procedure, whichever is greater, provided the surgery is covered.

E. Expenses incurred for out of the hospital, X-ray, and laboratory facilities:

Each year every individual covered under this plan may be reimbursed \$100 for the above items and other tests (except allergy and TB skin tests) as a result of accidental injury or sickness if performed by or under the supervision of a physician when rendered outside of a hospital.

2. Major Medical Benefits

Under this provision in your plan, you must first

pay \$100 before these benefits apply. This \$100 deductible provision is for each member of your family for whom you wish to file a claim. Under a family enrollment covering 3 or more persons only two deductibles need be satisfied in any calendar year. Those expenses incurred in the last three months of the year will no longer be applied toward the deductible in the following year. This change in benefits will not affect carry over of 1977 expenses into the 1978 Deductible.

A. Major Medical Benefits

After the first \$100 has been paid, this plan will pay 80% of all reasonable and customary charges for the following services and supplies:

1. HOSPITAL ROOM & BOARD EXPENSES in excess of the basic benefits, excluding any charge for private accommodations in excess of the hospital's semi-private rate.
2. OTHER INPATIENT HOSPITAL EXPENSES in excess of the basic benefits.
3. HOSPITAL OUTPATIENT EXPENSES in excess of the basic benefits.
4. THE FOLLOWING SERVICES AND SUPPLIES either in or out of hospital, which are not otherwise covered by this Plan and which are recommended by the attending physician in the diagnosis and treatment of an accident or sickness:

DOCTORS' SERVICES, including physicians' and surgeons' office, home and hospital visits. This includes charges by an independent consulting physician for services in relation to a second opinion regarding the necessity for anticipated surgery.

DENTISTS' SERVICES AND TREATMENT (including initial replacement of natural teeth and dental X-rays) for repair of accidental injury to the jaw or natural teeth occurring while insured under this Plan, if received within 12 months from the date of the accident.

CASTS, SPLINTS, BRACES, CRUTCHES AND TRUSSES.

DIAGNOSTIC PROCEDURES, including laboratory work, diagnostic X-rays and special tests such as electrocardiograms, basal metabolism tests and electroencephalograms.

ONE PAIR OF EYEGLASSES OR CONTACT LENSES and examination for them when required to correct an impairment directly caused by accidental ocular injury or intraocular surgery and obtained within one year of the injury or surgery.

LOCAL AMBULANCE SERVICE. If a special and unique hospital treatment which is not available locally is required, transportation by professional ambulance,

railroad or commercial airline on a regularly scheduled flight, within the United States or Canada to the nearest hospital equipped to furnish the treatment, is also a covered expense.

PURCHASE, AT THE PLAN'S OPTION, OR RENTAL OF DURABLE THERAPEUTIC MEDICAL EQUIPMENT, hospital type beds, and wheel-chairs.

SERVICES OF A REGISTERED GRADUATE NURSE (R.N.) who is not a member of the insured's family or does not reside in his household.

OXYGEN and rental of equipment for its administration.

SERVICES OF A REGISTERED PHYSICAL THERAPIST who is not a member of the insured's family or does not reside in his household.

RADIUM, RADIOACTIVE ISOTOPES AND X-RAY THERAPY.

DRUGS AND MEDICINES OBTAINABLE ONLY BY WRITTEN PRESCRIPTION. Bills must include prescription names as well as numbers.

ARTIFICIAL EYES AND LIMBS, to replace natural eyes and limbs lost while covered by this Plan.

BLOOD OR BLOOD PLASMA (which is not donated or replaced) and its administration.

IN THE EVENT OF ANY CHANGES IN
BENEFITS FOR THIS PLAN, NOTIFICATION
WILL BE FORWARDED BY USE OF ENDORSE-
MENTS WHICH SHOULD BE INCORPORATED
IN THIS BOOKLET.